

# MARYLAND STATE EMPLOYEES BENEFITS PROGRAM

## 2007BOOKLETS/FORMS ORDER FORM

TO: EMPLOYEE BENEFITS DIVISION 301 W. Preston Street Room 510 Baltimore, MD 21201 Fax: 410-333-7104	Date: _____  From: _____ Agency _____ Address _____ Phone _____ Fax # _____
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	<u>Agency Completes Number Ordered</u>	<u>Employee Benefits Division Completes</u>	<u>Number Sent</u>	<u>Total Charge</u>
1.) 2007 Active Employee/Satellite Worksheet (.09 ea)	_____		_____	_____
2.) 2007 Retiree Worksheets (.11 ea.)	_____		_____	_____
3.) 2007 COBRA/LAWP/Contractual Part-Time Worksheets (.22 ea.)	_____		_____	_____
4.) Benefits Booklets: (\$1.00 EA.)	_____		_____	_____
5.) Prescription Drug Claim Forms	_____		_____	_____
6.) The Standard Beneficiary Forms, <i>For Life Insurance</i>	_____		_____	_____
7.) The Standard Medical Questionnaire	_____		_____	_____
8.) Prudential Long Term Care Package (Please contract Prudential directly)	_____		_____	_____
<b>TOTAL</b>	_____		_____	_____

**Appropriation Code:**

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**FMIS AGENCY CODE**

**PCA**

**R Stars/subobj**

Fiscal Officer Signature \_\_\_\_\_

Fiscal Officer Phone #: \_\_\_\_\_

**NOTE:** If your agency is not part of the stars system, please attach a check or money order for the total charge for all items requested.